

# **TRAUMA TEAM ACTIVATION, QUALITY ASSESSMENT, EDUCATIONAL REQUIREMENTS, AND TRANSFER GUIDELINES**

## **WAC 246-976-870 Trauma team activation.**

- (1) The purpose of trauma team activation is to assure all personnel and resources necessary for optimal care of the trauma patient are available when the patient arrives in the emergency department. To assure optimal patient care:
  - (a) Patient status shall be reported from the field by prehospital providers to the emergency department in the receiving trauma care service;
    - (i) It is the responsibility of the prehospital providers to determine all relevant information and report it to the receiving facility;
    - (ii) It is the responsibility of the receiving facility to request any relevant information that is not volunteered by the prehospital providers.
  - (b) The service shall use the prehospital information to determine activation of a trauma team and/or resources appropriate for the care of the patient.
  - (c) The presence of the general surgeon, when included in the service's scope of practice, is necessary both to exercise his or her professional judgment that immediate surgery is not indicated, as well as to perform surgery when it is indicated, and to direct resuscitation and patient transfer if necessary.
- (2) Each designated trauma care service shall use an approved method to determine activation of its trauma team. The method shall include information obtained from prehospital providers and other sources appropriate to the circumstances.
  - (a) The method shall use notification by a prehospital provider that the patient meets trauma patient triage criteria, as defined in WAC 246-976-370; and
  - (b) A scoring system such as the Prehospital Index, or patient-based criteria, which includes evaluation of each patient's:
    - (i) Vital signs and level of consciousness;
    - (ii) Anatomy of injury, including evaluation;
    - (iii) Mechanism of injury; and
    - (iv) Comorbid factors.
  - (c) If a methodology is used for modified trauma team response, it shall:
    - (i) Provide a mechanism to upgrade the level of trauma team response based on newly acquired information; and
    - (ii) Be approved by the department.
  - (d) The method may include a response by a neurosurgeon in place of response by a general surgeon when, based on prehospital information, the mechanism of injury clearly indicates isolated penetrating trauma to the brain.

[Statutory Authority: Chapter 70.168 RCW. 98-04-038, § 246-976-870, filed 1/29/98, effective 3/1/98.]